

**Affidavit of Affixture of Manufactured Home**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Building Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9317

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**Fee:** \$90.00

Authority: 1987 PA 96

**Instructions:**

- Submit the ORIGINAL application signed before a notary.
- Remit a check or money order made payable to the **State of Michigan**.
- Upon receipt, processing time is 7 to 10 business days.
- Application will be returned if not complete.
- The ORIGINAL Certificate of Title or Certificate of Origin must accompany this application. (The owner(s) on the Affidavit of Affixture must match the owner(s) on the title/origin.)
- Once approved, the original will be returned to the person listed on page 2, otherwise it will be returned to the owner. It must then be recorded with the Register of Deeds for the county in which the real property is located.

**For Department Use Only**

FILED AND ACCEPTED BY THE DEPARTMENT ON

Owner and Home Information			
Name of Owner(s)			
Property Address			
City		MICHIGAN	Zip Code
Year	Manufacturer	Model	Manufacturer's Serial No. or No. Assigned by the Department
Provide legal description of the real property to which the mobile home is affixed <input type="checkbox"/> Attachment enclosed			
<b>I certify the mobile home is affixed to the real property described above.</b>			
Signature of Owner(s) as Listed Above			Date
Name of Owner(s) as Listed Above (Type or Print)			

Subscribed and sworn to by _____ before me, this _____ day of _____, 20 _____.	
A Notary Public in and for _____ County, Michigan.	
Signature of Notary Public _____	Printed Name _____
My Commission expires on _____	

Secured Parties		
1st Secured Party		
Address		
City	State	Zip Code
<b>I hereby give consent to the termination of the security interest and the cancellation of the certificate of title.</b>		
Signature of Authorized Representative		Date
2nd Secured Party		
Address		
City	State	Zip Code
<b>I hereby give consent to the termination of the security interest and the cancellation of the certificate of title.</b>		
Signature of Authorized Representative		Date

**Drafted By**

Name		
Address		
City	State	Zip Code

**Return Affidavit of Affixture to:**

Name		
Contact Person	Telephone Number (Include Area Code)	
Address		
City	State	Zip Code

DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

VALIDATION AREA